

California Department of Health Services EXAMINATION QUESTIONNAIRE RESEARCH SCIENTIST I (SOCIAL/BEHAVIORAL SCIENCES)

Examination title:	Research Scientist I (Sc	ocial/Behavioral Sciences)		
Name and address:	•			
Employment Opport consist of a Traini	unity employer. The Re ng and Experience Qu	te civil service employment. search Scientist I (Social/Be uestionnaire that will be u standing of a particular subje	ehavioral Sciences) sed to evaluate y	examination will
out completely and	accurately. YOUR RESP	0% of your rating. It is imp PONSES ARE SUBJECT To onal experience and training	O VERIFICATION.	
Candidates who fail	to follow the instructions	will be eliminated from this	examination.	
I hereby certify and complete to the be understand this info that if it is discovered	est of my knowledge a rmation will be verified a ed that I have made any	ED: Information provided by meand contains no willful mise and may be discussed in a false representations, I will the examination, or dismiss	representation or hiring interview. I all be removed from	falsifications. I also understand the examination
Signature		Print name	Date	
Send completed app	olication questionnaire pa	ackage to:		
		un Dean 11		

IMPORTANT NOTE: Please ensure that the envelope has adequate postage. Facsimiles (FAX) will NOT be accepted under any circumstances.



California Department of Health Services EXAMINATION QUESTIONNAIRE RESEARCH SCIENTIST I (SOCIAL/BEHAVIORAL SCIENCES)

GENERAL INSTRUCTIONS

- 1. The attached questionnaire will constitute the entire examination. Additional instructions are provided within the questionnaire.
- 2. Your responses to the questions must be provided on the questionnaire. Answer all questions for each knowledge, experience, and/or other column as requested.

NOTE: The first part titled "KNOWLEDGE AND EXPERIENCE" requires two responses; one response for knowledge and one for experience. Rate each your knowledge and experience.

For the part titled "EDUCATION," special care should be taken to submitting a complete description of your education.

Any questions without a response will not be accounted for in your total score.

 You must submit a complete examination application package. Missing information will delay the processing of your examination.

The following documents comprise a complete examination application package for each Research Scientist I, II, and III:

- Completed Employment Application (STD. 678) which can be found at: (http://www.spb.ca.gov/employment/employment app2.htm)
- Affirmation Statement (Page 1)
- Conditions of Employment (Form 631) (Page 3)
- Training and Experience Questionnaire (Begins on Page 4)
- 4. Before you mail the examination material, please keep a photocopy of the examination application package for your records. In the event that you are called for a hiring interview, you may be requested to provide a copy of this questionnaire.
- 5. Upon receipt of your completed examination application package, documents become confidential information and are the property of the California Department of Health Services, Selection Unit. Due to its confidential nature, such information cannot be returned.
- 6. It is your responsibility to notify the California Department of Health Services, Selection Unit, of any changes in your address. All correspondence must include the examination title, your identification number, and your social security number. Send correspondence to:

California Department of Health Services Personnel Management Branch MS 1300–1302 Attention: Shaun Dean P.O. Box 997411 Sacramento, CA 95899-7411



California Department of Health Services EXAMINATION APPLICATION PACKAGE RESEARCH SCIENTIST I (SOCIAL/BEHAVIORAL SCIENCES)

CONDITIONS OF EMPLOYMENT

Name:				Date:	
Examinatio	n title: Research	Scientist I (Social/Beha	avioral Sciences)		
vacancies promptly to	according to the communications		on this form. If your on the inactive list.	n the active employment list and certified to bu are unwilling to accept work or do not r i.	
Please che	ck your choices-		a job in locations not	checked. If more than 15 checks are made,	you
		ATE (IF CHECKED, NO FUR RTHERN REGION—OR MAR			
	0400 Butte 0600 Colusa 0800 Del Norte 1100 Glenn 1200 Humboldt 1700 Lake 1800 Lassen	☐ 2300 Mendocino ☐ 2500 Modoc ☐ 2900 Nevada ☐ 3100 Placer ☐ 3200 Plumas ☐ 4500 Shasta	☐ 4600 Sierra ☐ 4700 Siskiyou ☐ 5100 Sutter ☐ 5200 Tehama ☐ 5300 Trinity ☐ 5800 Yuba	TEHAMA TEHAMA PLUMAS ACCOLUDA GLENN BUITE SIERRA COLUDA COLUDA	
	WHERE IN THE CENT 0100 Alameda 0200 Alpine 0300 Amador 0500 Calaveras 0700 Contra Costa 0900 El Dorado 1000 Fresno 2000 Madera	RAL REGION—OR MARK CEN 2200 Mariposa 2400 Merced 2700 Monterey 2800 Napa 3400 Sacramento 3500 San Benito 3800 San Francisco 3900 San Joaquin	NTRAL REGION COUNTY CH 4100 San Mateo 4300 Santa Clara 4400 Santa Cruz 4800 Solano 4900 Sonoma 5000 Stanislaus 5500 Tuolumne 5700 Yolo	HOICES: Continue	NO NO
	WHERE IN THE SOI 1300 Imperial 1400 Inyo 1500 Kern 1600 Kings 1900 Los Angeles	UTHERN REGION—OR MAF ☐ 2600 Mono ☐ 3000 Orange ☐ 3300 Riverside ☐ 3600 San Bernardino ☐ 3700 San Diego	RK SOUTHERN REGION C 4000 San Luis Obispo 4200 Santa Barbara 5400 Tulare 5600 Ventura		IMPERIAL
TYPE OF E	EMPLOYMENT D	ESIRED:			
☐ Permanent	t	n 🗌 Full-Time 🔲 Pa	art-Time	ent	

INSTRUCTIONS: ALL CANDIDATES MUST COMPLETE QUESTIONS 1-29.

KNOWLEDGE AND EXPERIENCE

NOTE: In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, half-time employment for six months is equivalent to three months full-time.

Rate both your knowledge and experience separately for each of the following:

	Extensiv	/e experie	ence	(fou	r or m	ore	yeaı	rs)
	Moderate e	-	•			-	rs)	
	Some experie	•		ın one	e year)		
	No ex	xperience)		_			
	Moderate/exten	alica Ima		lara I				
	Basic/limited k			ige 				
	No knowledg		1					
							.	
1.	Selection of appropriate procedures for conducting study	. 0	1	2	0	1	2	3
2.	Refinement of study hypothesis	. 0	1	2	0	1	2	3
3.	Application of study design, sample size, sampling scheme, and data							
	collection methods	. 0	1	2	0	1	2	3
4.	Maintain quality control on social/behavioral field data	. 0	1	2	0	1	2	3
5.	Use of computer software to establish and manage data bases	. 0	1	2	0	1	2	3
	Name the software:	_						
6.	Application of research and evaluation methodology	. ①	1	2	0	1	2	3
7.	Provide technical scientific consultation on a specific phase of a complex							
	scientific study	. ①	1	2	0	1	2	3
8.	Critically review literature relevant to social/behavioral sciences and							
	interpretation of study findings	. 0	1	2	0	1	2	3
9.	Work as part of a multidisciplinary team:							
	a. Team member	. 0	1	2	0	1	2	3
	b. Serve in a lead or supervisory role	. 0	1	2	0	1	2	3
	c. Principal or coprincipal investigator	. ①	1	2	0	1	2	3
	d. Consultant	. 0	1	2	0	1	2	3
10.	Prepare report(s) of research findings for publications	. 0	1	2	0	1	2	3

NOTE: All information provided on this Questionnaire is subject to verification.

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KNOWLEDGE AND EXPERIENCE (Cont.)

		Extensive exp	erie	nce (four	or mo	ore y	/ears)
		Moderate experi	ence	e (on	e to t	hree	yeaı	s)	
		Some experience (less	than	one	year)			
		No experie	nce						
		 Moderate/extensive l Basic/limited knowle No knowledge		— `	le				
11.	Conduct presentation(s) to students, colleagues, and/or scie								
	groups/public	 	0		2)		(1)	2	3)
12.	Relate social/behavioral findings to health programs	 	0	1	2	0	1	2	3)
13.	Assist in performing research grant proposals for funding	 	0	1	2	0	1	2	3)

EXPERIENCE IN SELECTED COMPONENTS OF RESEARCH

Count only those proposals, research, or evaluation projects in Social/Behavioral Sciences or a closely related field.

Six o	or mo	re		
Three to	five			
One to two				
None	_			
Number of research proposals in which you were part of a team	0	1	2	3
Number of research projects in which you employed non or quasi-experimental designs	0	1	2	3
Number of research projects in which you assisted in selecting the methodology	0	1	2	3
data analysis	0	1	2	3
Number of research projects in which you assisted in performing the analysis yourself	0	1	2	3
Number of research projects in which you employed qualitative data collection and analysis strategies	0	1	2	3
	Number of research proposals in which you were part of a team	Number of research proposals in which you were part of a team	Number of research proposals in which you were part of a team	Number of research proposals in which you were part of a team

EXPERIENCE IN PUBLICATIONS AND PRESENTATIONS

Count only those publications and presentations in Social/Behavioral Sciences or a closely related field.

	Six or r	nore)	
Thre	e to fiv	'e		
One to t	wo			
None				
journals		D (D C	3
Number of technical reports you have assisted in preparing		0	1) (2	2)(3)
Number of oral or poster presentation(s) you have presented at professional scientific				
meetings		0	1)(2	3
Number of lay person fact sheets on scientific issues that you have prepared		0	1) (2	3
Number of oral presentations on scientific topics you have made before lay audiences		0	1) [2	3
	Number of publications you have assisted in preparing for peer reviewed scientific journals Number of technical reports you have assisted in preparing	Number of publications you have assisted in preparing for peer reviewed scientific journals Number of technical reports you have assisted in preparing. Number of oral or poster presentation(s) you have presented at professional scientific meetings. Number of lay person fact sheets on scientific issues that you have prepared.	Number of publications you have assisted in preparing for peer reviewed scientific journals Number of technical reports you have assisted in preparing. Number of oral or poster presentation(s) you have presented at professional scientific meetings. Number of lay person fact sheets on scientific issues that you have prepared.	Number of publications you have assisted in preparing for peer reviewed scientific journals Number of technical reports you have assisted in preparing

EXPERIENCE IN PROVIDING TRAINING, TECHNICAL ASSISTANCE, AND EXPERTISE

Count only those training sessions, associations, journals, and situations in Social/Behavioral Sciences or a closely related field.

	Six	or mo	re		
	Three to	o five			
	One to two)			
	None		1		
25.	Number of training sessions or classes you have prepared and/or conducted in your				
	professional career	0	1	2	3
26.	Number of scientific articles you have reviewed or edited	0	1	2	3
27.	Number of public health situations in which the results from your research have been				
	used in developing new public health prevention programs	0	1	2	3
28.	Number of different instances that you served as a teaching assistant or tutor	0	1	2	3
				-	

EDI	UCA	<u>TION</u>
29.	Des	scribe your academic professional education that is relevant to the Research Scientist classification:
		Identify any additional education beyond the bachelor's degree, such as an advance degree in the specialty or a closely related field.
	.	Diagon identify your group of goodomic advection and the title of your recognic atvolvy or
		Please identify your area of academic education and the title of your research thesis, study, or project. Describe the research problem you evaluated and the conclusions of your research.
		Please identify professional training programs that you completed and certifications you possess.

Research Scientist I (Social/Behavioral Sciences)

Examination Title:

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CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Examination Title: Research Scientist I (Social/Behavioral Sciences)

EXAMINATION INFORMATION TO APPLICANT:

You have completed the examination for the Research Scientist I (Social/Behavioral Sciences) examination. Test results will be mailed to you within four to six weeks after the date your completed application examination package is received.

Reminder: You must submit a complete examination application package which is comprised of the following documents:

- Completed Employment Application (STD. 678)
 (http://www.spb.ca.gov/employment/employment_app2.htm)
- Signed Affirmation Statement
- Completed Conditions of Employment (Form 631)
- Completed Training and Experience Questionnaire

Mail the complete examination application package to:

California Department of Health Services Personnel Management Branch MS 1300–1302 Attention: Shaun Dean P.O. Box 997411 Sacramento, CA 95899-7411

If you have any questions regarding this examination, please contact the Selection Unit staff at (916) 552-8340.

NOTE: All information provided on this Questionnaire is subject to verification.

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